

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		2	2			
4		2	2			
5		4	10			
6			2			
7	1	2	1			
8	1	7	1			
9		1	1			
10		2	2			
11		2	2			
12		2	2			
13		1	1			
14		1	1			
15		4	4			
16		4	4			
17		4	4			
18		4	10			
19		4	4			
20		4	4			
21		2	2			
22		1	1			
23		1	1			
24		4	4			
25		4	4			
26		4	4			
27		1	1			
28		1	1			
29		1	1			
30		4	4			
31	1					
32		1	1			
33		1	1			
34		1	1			
35		1	1			
36		1	1			
37		1	1			
38		1	1			
39		1	1			
40		1	1			
41		1	1			
42		1	1			
43		1	1			
44		1	1			
45		1	1			
46		1	1			
47		2	2			
48		2	2			
49		2	2			
50		1	1			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						